

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 PM 2:23

DOCUMENT # **P94000082760 (7)**

1. Corporation Name

LUIS DISCOUNT AUTO PARTS, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4856 NW 2ND AVE.
MIAMI FL 33127

Mailing Address

4856 NW 2ND AVE.
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

4. FEI Number

65-0534064

5. Certificate of Status Desired

Applied For
Not Applicable
\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

5. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CARVAJAL, LUIS
8 56 NW 2ND AVE.
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and third party)

(Signature, typed or printed name of registered agent and third party)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVAJAL, LUIS	1.2 NAME	
STREET ADDRESS	4856 NW 2ND AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33127	1.4 CITY ST ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVAJAL, NICOLASA	2.2 NAME	
STREET ADDRESS	4856 NW 2ND AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33127	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered professional association to associate the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 (change) or on an attachment with the address.

SIGNATURE:

Luis O. Carvajal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Luis O. Carvajal, President

04/25/95

(305) 266-6295